in the	E LINETED ST	ATES PAT	ENT A	ND TRADEMA	OFFICE	PATENT A	PPLICATION
in the second second	- Jan 1997			Group Art	1646		
Inventor(s): Bergmann et al.	,			Examiner:		k, M. T.	r/
Appln. No.: 09 Series Code ↑	806,43₹ Serial No. ↑			Atty. Dkt.	P 279277	2892USA	svo /
Filed: March 30, 2001	Senai No. T	OIPE	./	-b-Sonto Titl		Client Ref	EC EOD
Hon. Commissioner of Patents	. /		RE	CEWEL		D SUBSTANG AND THERAP	ES FUR
Washington, D.C. 20231	(NOV 0 5 2000	(A)		SEPSIS AND	SEPSIS-LIKE	OF SVSTEMIC
Washington, D.C. 20231	图	2004	Y JYU	V 0 8 2002	INFECTIONS	OLI GIO-LINE:	#3 I S I ⊏IVIIC
Sir:	運	`				124	
REPLY/AMENDME	NT/LETTER	PRADEMAR	BH C	ENTER 1609 <i>[2</i>	900 November 5,	2002	
						**	
This is a reply/amendment/letter in the	ne above-ident	ified applicat	ion and	d includes the he	rewith attachment	of₅same date a	and subject
which is incorporated hereinto by ref	erence and the	e signature b	elow is	treated as the si	ignature to the atta	chment in abs	ence of a
signature thereto.	EEE DEOLII	DEMENTS E	OB CI	AIMC-AC AME	IDED		,
1. Small Entity claim	FEE REQUI	KEWEN 15 P	UR CI	AIMS AS AMEI	NDED	:	
À. ☐ NOT made For B & C	Claims	Highest nu	mhor	Present Extra	T (io ii.		,
B. Withdrawn See Required	remaining after	previously p		Present Extra	Large/Small Entity	Additional Fee	Fee Code
G. ☐ made herewith	amendment			İ			Lg/Sm
2. Total Effective Claims	12	**minus	20		040/00	1	
Independent Claims	6	***minus	20 6	0	x \$18/\$9 =	+ \$0	103/203
4. If amendment enters proper multip	le denendent d				x \$84/\$42 =	+ \$0	102/202
time (leave blank if this is a reissue a	onlication)	iaiii(s) iiito t	ilio app	add	+ \$280/\$140 =	+ \$0	104/204
5. Original due Date: October 5, 2		□NONE			Γ • ψ200/ψ140 =	J + 40	104/204
6. Petition is hereby made to extend			l mo)	\$110/\$55 =		Section Co.	115/215
date to cover the date this response is		•	mos)	\$400/\$200 =	+ \$55		116/216
requisite fee is attached		•	mos)	\$920/\$460 =			117/217
		(4	mos)	\$1,440/\$720=		*	118/218
``			mos)	\$1,960/\$980=			128/228
\$. Enter any previous extension fee <u>paid</u> since above <u>original</u> due date and <u>subtract</u> - \$0							200
Č.					Extension Fee	+ \$55	
9. If <u>Terminal Disclaimer</u> attached, a	dd Rule 20(d)	official fee			+ \$110/\$55	+ \$0	148/248
10. If IDS attached requires Official Fee under Rule 97 (c),					+ \$180	+ \$0	126
or if Rule 97(d) Request							126
After-Final Request Fee per rules 129(a) and 17(r) No. of additional inventions for examination per Rule 129(b)					+ \$740/370	+ \$0	146/246
40.0					x \$740/370 ea	+ \$0	149/249
13. Request for Continued Examination (RCE) + \$740/370						+ \$0 + \$0	1179/1279
15.		***************************************			TOTAL FEE -	\$55	
TOTAL FEE = 16. *!If the entry in this space is less than entry in next space, the "Present Extra" result is "0".							
17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.						PLEASE CHARGE	
18 ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.							
я			Our E	eposit Account I			
			(Our t	Order No. <u>1137</u>	77 279277 C# M#		
CHARGE STATEMENT: The Commissioner is hereb	y authorized to char	ge any fee specif	ically auth	norized hereafter, or an	 w missing or insufficient f	ee(s) filed, or assert	ed to be
iled, or which should have been filed herewith or con- nereafter relative to this application and the resulting (ceming any paper ti	led hereafter, and	which ma	av be required under R	tiles 16-18 (missing or in-	sufficiencies only) n	7144 OF
iuplicate copy of this sheet is attached.						iwn above, for which	purpose a
This CHARGE STATEMENT <u>does not authorize</u> ch 1964/2002 SMINASSI 00000053 033975 09	arge of the <u>issue fe</u> 1806437	<u>ee</u> until/unless a	n issue f	ee transmittal sheet is	Query: Is app	eal deadline no	ow? If
						of Appeals seg	
FC:2251 55.00 CH		inthrop LLP					
P.O. Box 10500		Property G	•	- A	.	00000	
C. BOX 10300 McLean, VA 22102	By Atty: _f	Robert W. Ha	ini /	// /	Reg. No.	33893	
el: (703) 905-2000	Sig:	11 46	(W		Fax:	(703) 905-25	.00
		$r \cdot v_{t-1}$	7	· 5	Tel:	(703) 905-22	51
utty/Sec: RWH/AMX				<i>.</i>		•	
NOTE: File this cov	er sheet in du	uplicate with	PTO	receipt (PAT-10	3A) and attachme	ents	